	CANDIDATE / OFFICEHOLDER REPORT: COME FORM C/OH - FR DESIGNATION OF FINAL REPORT							
-	The Instruction Guide explains how to complete this form. 200 30 53 20 - 3: 20							
1	C/OH N	AME	2 ACCOUNT #(Ethics Commission filers)					
3	SIGNA	TURE	<u> </u>					
	a rep	of expect any further political contributions or political expenditures in connection with my candid art as a final report terminates my campaign treasurer appointment. I also understand that autions or make any campaign expenditures without a campaign treasurer appointment on file.	t I may not accept any campaign					
		and	ren Vineum					
		<del> </del>	f Candidate / Officeholder					
4		WHO IS NOT AN OFFICEHOLDER  olete A & B below <i>only</i> if you are a candidate ••						
	A.	CAMPAIGN FUNDS						
	Chec	only one:						
		I do not have unexpended contributions or unexpended interest or income earned from political	al contributions.					
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.							
	В.	ASSETS						
	Chec	only one:						
	M	I do not retain assets purchased with political contributions or interest or other income from po	olitical contributions.					
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.							
		And a	en Vreim					
			ature of Candidate					
		O.g.						
5		EHOLDER  lete this section <i>only</i> if you are an officeholder ••	e" T					
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not h	nave a campaign treasurer on file.					
		Signa	ture of Officeholder					

### **CORRECTION AFFIDAVIT**

FORM COR-C/OH

	0.4.1.	FOR		_ net Aff	JERVED
		DIDATE/OFF	ICEHOLDE	<b>R</b> *** :	S W ANTONIO Y WERK
See backside for instr	uctions	2		- <u>2001 NEL</u>	<del>30 P 3 20</del>
ACCOUNT#		Tota	pages filed:		
CANDIDATE / OFFICEHOLDER	TITLE	ANDNEW	MI FEALMANES	OFFI	CE USE ONLY
NAME	NICKNAME	VICENCIO	SUFFIX	Date Received	
ORIGINAL	January 15	Runoff	Other (specify)	-	
REPORT TYPE	July 15	Exceeded \$500 limit		Date Hand-delive	ered or Date Postmarked
	30th day before elect	ion 15th day after treasur appointment (officeho	er Ider only)		
ORIGINAL	8th day before election  Month Day	Final report		Receipt #	Amount
ORIGINAL PERIOD COVERED		· ·		Legal  Date Processed	Totals
	4/26/2		1/16/2001	Date Imaged	
EXPLANATION OF	( INC	OMPLETE F	INAL REPOR	σ.	
CORRECTION	(2)				
AFFIDAVIT					
anning Acin	S	report	r, or affirm, under pens is true and correct and t	hat I am filing	this corrected repo
ARY TARY	PUBLET	or affin	ly after learning of the er m, under penalty of perji ng requirement when I f	ury, that I did n	ot intend to violate
	6		andrew I	/	
AFFIX NOTARY TA	ME ABEAL BOVE			ididate or Officehold	der
1111,04-04	2005 IIII	Ardrew Viceno	3/1th	In In	
Sworn to and subscrib	ediberore me by	WINTER YICETE	10 this the	tay of <u>OW</u>	y , 20 U/
to certify which, witnes	s my hand and seal (	of office.			
Melinda S. la	, V	Melinda s.	loper N	otan	
lignature of officer administering	oays) F	rinted name of officer administeri	ng oath Title o	f officer administer	ing oath
Pemer	her To Attach	Any Part Of The C	amnaian Einance	Panort Fo	) rm

NO-CONTRIBUTIONS AS OF

(I'M IT, I AM THE COMMITTEE) \$116/01 SELF-FINANCED (512)463-5800 1-800-325-8506 Austin, Texas 78711-2070

P.O. Box 12070 Texas Ethics Commission CANDIDATE / OFFICEHOLDER DED FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 ACCOUNT# 2 Total pages filed: The C/OH INSTRUCTION GUIDE explains how to complete (Ethics Commission filers) this form. TITLE 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** ANDREW FERNANDEZ NAME Date Received NICKNAME ADDRESS / PO BOX: APT / SUITE #: CITY: CANDIDATE / 338 OLNEY OFFICEHOLDER **ADDRESS** Date Hand-delivered or Date Postmarked SAN ANTONIO, TR 78209
FIRST MI Change of Address **CAMPAIGN** BRYAN PLYE

SUFFIX **TREASURER** Amount Receipt # NAME NICKNAME **Date Processed** Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; STATE;

146.35 TRIPLE CROWN ZIP CODE CAMPAIGN くん **TREASURER ADDRESS** (Residence or business) JAN ANTONIO 78248 **EXTENSION** AREA CODE CAMPAIGN TREASURER 492-8065 PHONE (210) 8 REPORT TYPE 15th day after campaign treasurer January 15 30th day before election Runoff appointment (officeholder only) Exceeded \$500 limit Final report (Attach C/OH - FR) July 15 8th day before election 9 PERIOD THROUGH COVERED 4/3/01 ELECTION TYPE 10 ELECTION Special Runoff Primary 05/05/2001 12 OFFICE SOUGHT (if known) OFFICE HELD (if any) 11 OFFICE NA 13 NOTICE Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. OF DIRECT Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **CAMPAIGN EXPENDITURE** BY OTHER **INDIVIDUALS** Address / PO Box; Apt. / Suite #; City; additional pages **GO TO PAGE 2** 

Signature of officer adminis

NO-CONTRIBUTIONS AS OF (I)M ZT, I AM THE COMMITTED) SELF-FINANCED SO-FAR, 7/16/01 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8508

		TE/OFFICEHOLDER N FINANCE REPORT	FORM C/OH COVER SHEET PG 1	
	The C/OH Instruction this form.	Guide explains how to complete 1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:	
	3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI ANDREW FERNANDEZ	OFFICE USE ONLY	
		NICKNAME LAST SUFFIX VICENCIO	Date Received	
×	4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP CODE  P, O, BOX 18111	2001 M	
R té Oi	Change of Address	SAN ANTONIS TX 78218	Date Hand-delivered Date Tostigue Led	
7	5 CAMPAIGN TREASURER	TITLE FIRST MI	TI MACH	
1	_	NICKNAME LAST SUFFIX PLYE	Date Processed	
Ī	8 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; STATE;  14635 TRIPLE CROWN L.	ZIP CODE	
	(Residence or business)	SAN ANTONIO, TX	78248	
7	7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 429 8065	2 01	
1	REPORT TYPE	January 15 V 30th day before election Runoff	15th day after campaign treasurer appointment (officeholder chily)	
		July 15 Sth day before election Exceeded \$500 limit	Final report (Attach C/GH - FR)	
(9	PERIOD COVERED	03 / 02 / 01 THROUGH 07 / 16	/0/01日	
	10 ELECTION	ELECTION DATE Month Day Year  05 / 05 / 01  Primary Runoff	General Special	
	H OFFICE	OFFICE HELD (If any)  12 OFFICE SOUGHT (If Innov	R OF S,A,	
	NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are campaign expenditures made by others without the car Candidates are required to disclose this information only if they receive notification of the disc		
	BY OTHER INDIVIDUALS	Name N/A	2.7	
	additional pages	Address / PO Box; Apt. / Suite #: City; Stata; Zip Code		
F		GO TO PAGE 2		

Texas Ethics Commission

P.O. Box 12070

Revised 05/11/2000

PLEASE CLOSE CAMPAION

### CANDIDATE / OFFICEHOLDER REPORT

SUPPORT		LS	FORM C/OH COVER SHEET PG 2
14 COH NAME			15 ACCOUNT #(Birles Commission Sers)
18 NOTICE FROM POLITICAL COMMITTEE(S)	I WAS INCLAMED IN THE	otice of political expenditures by political committees to support the candidate without the candidate's or officeholder's knowledge or consent. Candidate if they receive notice of such expenditures.	late / officeholder. These expenditures tas and officeholders are required to report
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
3	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	7001
additional pages	•	COMMITTEE CAMPAIGN TREASURER ADDRESS	Y DEEC
17 NO REPORTABLE ACTIVITY	Check here if r	no reportable activity occurred during this reporting period. (Sign affidevit below	
16 CONTRIBUTION TOTALS	1. TOTAL F	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ - 6 -
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-
EXPENDITURE TOTALS	3. TOTAL P	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ -00
	4. TOTAL	POLITICAL EXPENDITURES	\$ 664,33
OUTSTANDING LOAN TOTALS	5. TOTAL P LAST DA	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LY OF THE REPORTING PERIOD	
NO.	JISSA AREVALO STARY PUBLIC RATE OF TEXAS mm. Exp. 06-28-2004		riury, that the accompanying report primation required to be reported by
AFFIX NOTARY STAMP		A . r.,	ب
Sworn to and subscribe of March, 20	1	ty which, witness my hand and seal of office.	this the 28th day
Significant of officer actin	Cres Cy-	Melissa Arevalo No Printed name of officer administering path Titles	tany Public

NA

Texas Ethics Commission P.O. Box 12070 (512) 463-5800 Austin, Texas 78711-2070 1-800-325-8506 **POLITICAL CONTRIBUTIONS** SCHEDULE A1 (FOR FORMS C/OH, C/OH-88, SC-C/OH, SC-SPAC, SPAC, & SPAC-88) OTHER THAN PLEDGES OR LOANS The Instruction Guide explains how to complete this form. 1 Total pages this Schedule A1: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Date 5 Full name of contributor 8 Out-of-state PAC (IDIf:\_ 7 Amount of In-kind contribution contribution (\$) description (if applicable) 6 Contributor address; City; State; Zip Code Principal occupation (Optional) 10 Employer (Optional) Date Full name of contributor Out-of-state PAC (IOII); Amount of in-kind contribution contribution (\$) description (if applicable) Contributor address; City; State; Zip Code Principal occupation (Optional) Employer (Optional) Date Full name of contributor Out-of-state PAC (ID) Amount of contribution (\$) iotion#La Contributor address; City; State; Zip Code Principal occupation (Optional) Employer (Optional) Date Full name of contributor Out-of-state PAC (IDI): Amount of In-kind contribution contribution (\$) description (if applicable) Contributor address; City; State; Zip Code Principal occupation (Optional) Employer (Optional) Date Full riamy of contributor Out-of-state PAC (IDIt; Amount of In-Kind contribution contribution (\$) description (if applicable) Contributor address; City; State; Zip Code \_0 Principal occupation (Optional) Employer (Optional) 12 ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED le contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

LOANS				SCHEDULE E
The Instruction Gui	DE explains how to complete this form.		1 Total pages Scho	adule E:
2 FILER NAME			3 ACCOUNT # (Et	nics Commission filers)
4				<u></u>
	L OF UNITEMIZED LOANS:	<b>\$ \$ \$ \$</b>	⇒ ⇒	\$
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:		9 Loan Amount (\$)
6 is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest rate
Y N				11 Maturity date
12 Description of Collate	eral			
none				
13 GUARANTOR INFORMATION	14 Name of guarantor			16 Amount Guaranteed (\$)
not applicable	15 Guarantor address; City; State;	Zip Code		
17 Principal Occupation		18 Employer		CIT'\ 2001
Date of loan	Name of lender	Out-of-state PAC (IDII:		Loan Amount @ CRIM
Is lender a financial Institution?	Lender address; City; State;	Zip Code		Interestrate CAY
YN			ļ	Maturity tiate OR
Description of Collate	ral			<u> </u>
none				
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guerantor address; City; State;	Zip Code		
Principal Occupation		Employer	<u>-</u>	
If lender	ATTACH ADDITIONAL CO is out-of-state PAC, please see inst			2: 4 0NIO

1	CAL EXPENDITURES FROM PERSONAL FUNDS		SCHEDULE G		
The Instruction	The Instruction Guide explains how to complete this form.				
2 FILER NAM	SEE ATTACHNEW! 3 ACCOUNT# (EM				
4 Date	Date 5 Payee name  6 Payee address; City; State; Zip Code				
	7 Purpose of expenditure (See instructions regarding type of information requ	ired.)	Reimbursement from political contributions intended		
Date	Payee name		Amount (\$)		
	Purpose of expenditure (See instructions regarding type of information requ	ired.)	Reimbureiment Strom pitiliset Contribution		
Date	Payee name		8 P 12: 48		
	Purpose of expenditure (See instructions regarding type of information requi	red.)	Reimbursement from political contributions intended		
Date	Payee name  Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information requ		Amount (S) (S) (S) (S) (S) (S) (S) (S) (S) (S)		
	rui puese di expericiture (See instructions regarding type of information requ	red.)	Reimbursement from solitical contributions intended		
Date	Payee name Payee address; City; State; Zip Code	· · · · · · · ·	Amount (\$)		
	Purpose of expenditure (See instructions regarding type of information requi	(ed.)	Reimbursement from political contributions intended		
	ATTACH ADDITIONAL COPIES OF THIS FORM AS	NEEDED			

	OLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		SCHEDULE
The Instruction	ON GUIDE explains how to complete this form.	1 Total pages Sche	odule I:
2 FILER NAM	E	3 ACCOUNT # (Et	nics Commission filers)
4 Date	5 Payee name  6 Payee address; City; State; Zip Code		8 Amount (\$)
	7 Purpose of expenditure (See instructions regarding type of information requ	aired.)	
Date	Payee name		Amount (\$)
	Purpose of expenditure (See instructions regarding type of information requ	uired.)	CITY 2001 N
Date	Payee address; City; State; Zip Code		RECEIVED DESAN ANTO CHY CLERK
	Purpose of expenditure (See instructions regarding type of information requ	ired.)	94 5:
Date	Payee name  Payee address; City: State; Zip Code  Purpose of expenditure See instructions regarding type of information requi	ired.)	Amount (\$)
Date	Payee name  Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information requ		A P 12: 42
	ATTACH ADDITIONAL COPIES OF THIS FORM A	S NEEDED	

## FINANCIAL DISCLOSURE OF EXPENSES & CONTRIBUTIONS FOR CAMPAIGN FOR MAYOR SAN ANTONIO

### **EXPENSES**

### CONTRIBUTIONS AS OF 3/29/01

Filing Fee \$100.00 NONE AS OF \$/16 / 0/
Candidate Packet \$10.00

• P.O. Box Fee \$ 19.00

• Business Cards \$ 18.00

• Stamps used \$1.36

• Sign's \$277.00 (approx)

• Flying Times \$60.00

• Photo for
Voter's Guide \$13.97
• CAMPAIGN T-SHIRTS \$ 165,00

**TOTAL:** 

\$4.330f my own money.

Signature of Candidate

Y OF SAN ANTONIO
CITY CLERK

MAR 28 P 12: 48

	P.O. Bulk 12070 AUSSIT, 1 (2008 76711-2070	(512)463-5800	1-800-325-85
CA DE	NDIDATE / OFFICEHOLDER REPORT: SIGNATION OF FINAL REPORT	FORM C/O	<b>H - FR</b>
The Co	Instruction Guide explains how to complete this form.  Implete only if "Report Type" on page 1 is marked "Final Report" •• 2001	111 -9 P 12: 1	12
AN	PREW FERNAWPEZ VICENCIO	2 ACCOUNT #(BA)	
1 0.0	not expect any further political contributions or political expenditures in connection with my cane port as a final report terminates my campaign treasurer appointment. I also understand the probability of the probability of the probability of the political expenditures without a campaign treasurer appointment on file		at designating my campaign
4 FILE		of Candidate / Office	holder
·· Coi	nplete A & B below only if you are a candidate		:
A.	CAMPAIGN FUNDS		
Che	ck gafy one:		
D	I do not have unexpended contributions or unexpended interest or income earned from politic	cal contributions.	-
	I have unexpended contributions or unexpended interest or income earned from political contributions or unexpended interest or income earned on political contributions and that I must file an annual report of unexpended contributions and that I may or unexpended interest or income earned on political contributions longer than six years af understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions and unexpended into contributions in accordance with the requirements of Election Code, § 254.204.	ical contributions to per not retain unexpended the filter films this final report	sonal use. I contributions
В.	ASSETS		
Chec	k only one:		
	I do not retain assets purchased with political contributions or interest or other income from p	olitical contributions.	
	I do retain assets purchased with political contributions or interest or other income from politic may not convert assets purchased with political contributions or interest or other income frouse. I also understand that I must dispose of assets purchased with political contributions in a Election Code, § 254.204.	m nolitical contributions	to nemonal
	7/9/01 Sign	Turnby Va	rem
	CEHOLDER  plete this section <i>only</i> if you are an officeholder ••		e' ' '
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not	have a campaign treasu	rer on file.
	Signa	iture of Officeholder	

P.O. BOX

AFTER

NO-CONTRIBUTIONS AS OF

(I'M ZT, I AM THE COMMETER) SELF-FINANCED SO-FAR, 3/28/0 Austin, Texas 78711-2070 Texas Ethics Commission P.O. Box 12070 (512)463-5800 **CANDIDATE / OFFICEHOLDER** FORM C/OH **CAMPAIGN FINANCE REPORT** COVER SHEET PG 1 1 ACCOUNT# 2 Total pages filed: The C/OH INSTRUCTION GUIDE explains how to complete (Ethics Commission filers) this form. CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** ANDREW FERNANDEZ NAME **Date Received** NICKNAME VICENCIO APT/SUITE#: CITY ADDRESS / PO BOX: CANDIDATE / CBTAINER OFFICEHOLDER P.O.BUX 18111 **ADDRESS** Date Hand-deliverer Da SAN ANTONIG TX 78218 I FILKO Change of Address CAMPAIGN TITLE **TREASURER** BRYAN NAME Receipt # NICKNAME **Date Processed** PLYE STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CAMPAIÇN ZIP CODE TREASURER 14635 TRIPLE CROWN LN **ADDRESS** (Residence or busin SAN ANTONIO, TX 78248 AREA CODE **CAMPAIGN TREASURER** PHONE (210) 429 8065 8 REPORT TYPE January 15 Runoff 15th day after campaign treasure appointment (officeholder only) July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR) 9 PERIOD 04 /264/2001 COVERED **THROUGH** 03/02/01 ELECTION DATE 10 ELECTION **ELECTION TYPE** Runoff Primary 05 / 05/01 Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE N/A MAYOR OF 13 NOTICE Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. OF DIRECT Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. CAMPAIGN **EXPENDITURE** BY OTHER INDIVIDUALS Address / PO Box; Apt. / Suite #; City; State: Zip Code

**GO TO PAGE 2** 

additional pages

## **CANDIDATE / OFFICEHOLDER REPORT:**

FORM C/OH

SUPPORT	& TOTAL	.S	COVER SHEET PG 2		
14 C/OH NAME			15 ACCOUNT #(Ethics Commission filers)		
16 NOTICE FROM POLITICAL	may have been made	tice of political expenditures by political committees to support the candidate without the candidate's or officeholder's knowledge or consent. Candidate if they receive notice of such expenditures.	ate / officeholder. These expenditures and officeholders are required to report		
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	AW 100		
		COMMITTEE CAMPAIGN TREASURER ADDRESS	TYCE 17 CE		
17 NO REPORTABLE ACTIVITY	Check here if r	no reportable activity occurred during this reporting period. (Sign affidavit below	v and submit page 1 and 2		
18 CONTRIBUTION TOTALS	1. TOTAL P PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -6-		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-		
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ -00		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 499,33		
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ -0 -		
19 AFFIDAVIT					
MEI MEI	ISSA AREVALO	I swear, or affirm, under penalty of per is true and correct and includes all info me under Title 15, Election Code.			
S <sup>1</sup>	NOTARY PUBLIC STATE OF TEXAS My Comm. Exp. 06-28-2004  And				
~ .~		Signature of Candida	2 7		
AFFIX NOTARY STAMP	/ SEAL ABOVE				
Sworn to and subscrib	1		this the 3844 day		
of 11101 Ch. , 20	to cert	ify which, witness my hand and seal of office.			
Signature of officer adm	ninistering oath	Printed name of officer administering oath Title	otany Public of officeradministering oath		

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS	SCHEDULE A1  (FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)			
The Instruction Guide explains how to complete this form.	1 Total pages this Schedule A1:			
2 FILER NAME	3 ACCOUNT # (Ethics Commission Mers)			
4 Date 5 Full name of contributorout-of-state PAC (ID#:	7 Amount of contribution (\$) 8 In-kind contribution (description (if applicable)			
6 Contributor address; City; State; Zip Code				
9 Principal occupation (Optional) 10 E	mployer (Optional)			
Date Full name of contributor out-of-state PAC (IDIF:	Amount of In-kind contribution contribution (\$) description (if applicable)			
Contributor address; City; State; Zip Code	22			
Principal occupation (Optional)	mployer (Optional)			
Date Full name of contributor out-of-state PAC (ID):  Contributor address; City; State; Zip Code	Amount of contribution (\$)  Amount of contribution (\$)  Amount of contribution (\$)  Contribution (\$)  CONTRIBUTION  CONTRIBUTION			
Principal occupation (Optional)	nployer (Optional)			
Date  Full name of contributor  Guit-of-state PAC (IDIR:	Amount of In-kind contribution contribution (\$)   description (if applicable)			
Principal occupation (Optional) En	nployer (Optional)			
Date Full name of contributor out-of-state PAC (IDII:	Amount of In-kind contribution contribution (\$)   description (if applicable)			
Contributor address; City; State; Zip Code	-   -			
Principal occupation (Optional)	nployer (Optional)			
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				

	PLEDGE	D CONTRIBUTIONS		(FOR FORMS C/OH,	SCHEDULE B1 SC-C/OH, SC-SPAC, & SPAC)	
	The Instruction	N GUIDE explains how to complete this form.		1 Votal pages this S	Schedule B1:	
2	FILER NAME			3 ACCOUNT # (Eth	ics Commission filers)	
4	тот	AL OF UNITEMIZED PLEDGES:	D D D	<b>\$</b>	\$	
5	Date	6 Full name of pledgorout-of-state PAC (ID#:	/	8 Amount of pledge (\$)	9 In-kind description (if applicable)	
10	Principal occup	ation (optional)	11 Employer (options	al)		
	Date	Full name of pledgor out-of-state PAC (fbit:		Amount of pledge (\$)	In-kind description (if applicable)	
	Principal occup	ation (optional)	Employer (options	aí)		
	Date	Full name of pledgor Out-of-state PAC (ID#:  Pledgor address; City; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)	
	Principal occup	ation (optional)	Employer (options	al)	Saga C3	
	Date	Full name of pleagorout-of-state PAC (ID#: Pleagor address; City; State; Zip Code		Amount of pledge (\$)	In-kind scription RECEIVED	
	Principal occup	ation (optional)	Employer (options	ai)	8 OUN	
	Date	Full narme of pledgor out-of-state PAC (IDII:  Pledgor address; City; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)	
	Principal occup	ation (optional)	Employer (options	al)		
	ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

LOANS				SCHEDULE E
The Instruction Gui	DE explains how to complete this form.		1 Total pages Sche	dule E:
2 FILER NAME			3 ACCOUNT # (Et	nics Commission filers)
TOTA	L OF UNITEMIZED LOANS:	<del>+</del> + + +	\$ \$	\$
5 Date of loan	7 Name of lender	Out-of-state PAC (ID#:		9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code		10 Interest rate
Y N				11 Maturity date
12 Description of Collate	eral			
13 GUARANTOR	14 Name of guarantor			16 Amount Guaranteed (\$)
INFORMATION				
not applicable	15 Guarantor address; City; State;	Zip Code		
17 Principal Occupation		18 Employer		CITY 2001
Date of loan	Name of lender	out-of-state PAC (ID#:		Loan ARECE
Is lender a financial Institution?	Lender address; City; State;	Zip Code		Interest rate TO SECTION
YN				Maturally trate ON
Description of Collate	ral			
GUARANTOR	Narre of guarantor			Amount Guaranteed (\$)
INFORMATION				Anount Guaranteed (4)
not applicable	Guarantor address; City; State;	Zip Code		
Principal Occupation	~	Employer	<u> </u>	: `
If lender	ATTACH ADDITIONAL CO			requirements.

Tex	cas Ethics Cor	nmission P.O. Box 12070 Austin, Texas	78711-2070	(512) 463-5800	1-800-325-850			
	POLITIO	CAL EXPENDITURES	ATTACHMENT		CHEDULE F			
	The Instruction	Guide explains how to complete this form.		1 Total pages Schedule	F:			
2	FILER NAME	NY	f	3 ACCOUNT # (Ethics C	Commission filers)			
4	Date	5 Payee name  6 Payee address; City; State; Zip Code			Amount (\$)			
8	Purpose of pay required.)	ment (See instructions regarding type of information	9 ·· Complete if dir Candidate / Officeholder n	rect expenditure to benefit ame Office sough				
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	ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED							

#### P.O. Box 12070 Austin, Texas 78711-2070 1-800-325-8506 **Texas Ethics Commission** POLITICAL EXPENDITURES SCHEDULE G MADE FROM PERSONAL FUNDS 1 Total pages Schedule G: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME SEE ATTACHNEM! 8 Amount 5 Payee name Date (\$) City; State; Zip Code 6 Payee address; 7 Purpose of expenditure (See instructions regarding type of information required.) Reimbursement from political contributions intended **Amount** Date Payee name (\$) Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) From editical) Payee name U City; State; Zip Code Pavee address: ö Purpose of expenditure (See instructions regarding type of information required.) Reimbursement from political contributions intended **Amount** Date Pavee name (\$) Payee address; City; State; Zip Code Reimbursement from political Purpose of expenditure (See instructions regarding type of information required.) contributions intended **Amount** Date Payee name (\$) City; State; Zip Code Payee address; Reimbursement Purpose of expenditure (See instructions regarding type of information required.) from political contributions intended

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Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

PAYMENT FROM POLITICAL CONTRIBUTIONS SCHEDULE H TO A BUSINESS OF C/OH						
The Instruction Guide explains how to complete this form.			1 Total pages Schedule H:			
2 FILER NAM	Е		3 ACCOUNT # (Ethics Commission filers)			
4 Date	5 Business name  6 Business address; City; State; Zip Code		7 Amount (\$)			
8 Purpose of pay required.)	ment (See instructions regarding type of information	9 ·· Complete Candidate / Officehok	e if direct expenditure to benefit C/OH ·· Ider stame Office sought Office	held		
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Date	Business address; City; State; Zip Code		Amount (\$)			
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED						

#### 1-800-325-8506 (512) 463-5800 Austin, Texas 78711-2070 Texas Ethics Commission P.O. Box 12070 NON-POLITICAL EXPENDITURES SCHEDULE I MADE FROM POLITICAL CONTRIBUTIONS 1 Total pages Schedule !: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Date 5 Payee name Amount (\$) City; State; Zip Code 6 Pavee address: 7 Purpose of expenditure (See instructions regarding type of information required.) **Amount** Date Payee name (\$) City; State; Zip Code Payee address; Purpose of expenditure (See instructions regarding type of information required.) Date Payee name 28 City; State; Zip Code Payee address; Purpose of expenditure (See instructions/egarding type of information required.) **Amount** Date Payee name State; Zip Code Pavee address: City: Purpose of expenditure See instructions regarding type of information required.) Amount Date Payee name City; State; Zip Code Payee address; Purpose of expenditure (See instructions regarding type of information required.)

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CREDITS (optional) SCHEDULE K							
The Instruction Guide explains how to complete this form.  1 Total pages Sch			edule K:				
2 FILER NAME	2 FILER NAME 3 ACCOUNT # (6		thics Cemmission filers)				
4 Date	5 Payor name  6 Payor address; City; State; Zip Code	/	8 Amount (\$)				
	7 Reason for credit						
Date	Payor name  Payor address; City; State; Zip Code		Amount (\$)				
	Reason for credit		21				
Date	Payor name Payor address; City; State; Zip Code Reason for credit		RECEIVED FOR SAN ANTONI E GEOTY CLERK MAR 28 P 12: 48				
Date	Payor name  City; State; Zip Code  Reason for credit		Amount (\$)				
Date	Payor name Payor address; City; State; Zip Code Reason for credit		Amount (\$)				
<i> </i>	ATTACH ADDITIONAL COPIES OF THIS FORM A	S NEEDED					

# FINANCIAL DISCLOSURE OF EXPENSES & CONTRIBUTIONS FOR CAMPAIGN FOR MAYOR SAN ANTONIO

### **EXPENSES**

CONTRIBUTIONS AS OF 3/29/01

• Filing Fee \$100.00

NONE AS OF 3/16

- Candidate Packet \$10.00
- P.O. Box Fee \$ 19.00
- Business Cards \$ 18.00
- Stamps used \$1.36
- Sign's \$277.00 (approx)
- Flying Times \$60.00
- Photo for Voter's Guide \$13.97

\$499.33 of my own money.

TOTAL:

Signature of Candidate

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